

NAME: THOMPSON, ROBERT K JR. Master Case # M2011-172
Profession MD

[illegible]

Respondent Attorney

Staff:

Attorney

AAG

HLJ

Timeline for Master Case M2011-172**Timeline for Case 2011-152444**

Respondent: ROBERT K THOMPSON JR
Credential: MD.MD.00011365
Profession: Physician And Surgeon License
Created: 01/03/2011

Alleged Issues:
 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Case Nature:
 Mental Health, Physical Health, Investigative Exams, Request for Declaratory Order
Found Issues:
 Pending
Resolutions:
 Referred to Master Case

Timeline Detail	Start	End	Days Used
OPENED	01/03/2011	01/03/2011	0
Intake	01/03/2011	01/03/2011	0
Assessment	01/03/2011	01/05/2011	2
Investigation	01/05/2011	01/13/2011	8
Case Disposition	01/13/2011		12
SOA Served/Awaiting Response	01/18/2011		7
OPENED	01/18/2011	01/18/2011	0
Pending Service	01/18/2011	01/18/2011	0

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	0	0
Intake	7	0	0	7
Assessment	14	0	2	12
Investigation	170	0	8	162
Case Disposition	140	0	12	128
SOA Served/Awaiting Response	14	0	7	7
Pending Service	30	0	0	30
Total:			29	

Contact View Screen [update]**Santos S Martinez**Address: ☒ Public ☐ Mail

Santos S Martinez

1 - DOH Licensee ...

ID	964250
Warnings	CASE PENDING
SSN/FEIN	2 - DOH Licen...
Contact Standing	Living
Contact Type	INDIVIDUAL
Criminal History	NO
Public File	YES
Mailing List	

Audit
Public Cases
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Supervises
SupervisedBy
Librarian
Application
Other State License

Comments:

Addresses

Personal Information

Credential List

Legacy

Contact Addresses [add]

Santos S Martinez

1 - DOH Licensee ...

County 1 - DOH ...

Country: United States

Joined on: 8/18/2010 9:03:07 AM

Last updated by Melissa A Derefield

Phone	1 - DOH Licensee...
Fax	
Cell	
Email	

[update]
MAIN ADDRESS
Public Address
Mail Address
Form Letter
Public Address for:
- CAAR.CG.60183213
Mail Address for:
- CAAR.CG.60183213



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 26, 2011

Robert K. Thompson, Jr., MD

1 - DOH Licensee Health Professional home addr...

RE: Master Case No. M2011-172

Dear Dr. Thompson:

Enclosed please find Declaration of Service by Mail and Stipulation to Informal Disposition dated January 20, 2011.

Any questions regarding the terms and conditions of the Stipulation to Informal Disposition should be directed to Dani Newman, Disciplinary Manager at (360) 236-2764.

Sincerely,

Michelle Singer
Adjudicative Clerk
Adjudicative Service Unit
PO Box 47879
Olympia, WA 98504-7879

cc: Dani Newman, Disciplinary Manager
Teresa Landreau, Legal Unit

Enclosure

DECLARATION OF SERVICE BY MAIL

THOMPSON, ROBERT MD 2011-152444 PAGE 5

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

ROBERT K. THOMPSON, JR
License No. MD00011365

Respondent.

No. M2011-172

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging as described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On June 30, 1970, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On January 3, 2011, the Commission received information that Respondent may be unable to practice with reasonable skill and safety by reason of a mental or physical condition.

1.3 Respondent's significantly declining cognitive capacity has been confirmed by his physician.

1.4 On January 12, 2011, Respondent indicated his intent to surrender his medical license and permanently cease the practice of medicine.

1.5 The undersigned who holds power of attorney for Respondent, has concurred with Respondent's intent to voluntarily surrender his medical license on a permanent basis.

2: STIPULATION

2.1 The Commission has jurisdiction over Respondent and over the subject matter pursuant to RCW 18.130.170(1).

2.2 The Commission alleges that Respondent is unable to practice with reasonable skill and safety to consumers by reason of a mental or physical condition.

2.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation), pursuant to RCW 18.130.172(1).

2.4 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.5 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.6 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

2.7 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.8 The Commission agrees to forego further proceedings concerning the allegations.

2.9 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.10 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Voluntary Surrender.** Respondent hereby permanently retires from the practice of medicine, and surrenders his license to practice as a physician and surgeon. Respondent agrees never to resume any practice of medicine, including temporary,

emergency, and volunteer practice in the state of Washington. Respondent agrees never to seek reinstatement of his license, nor submit an application for a license to practice medicine.

3.2 **Return of License:** Respondent agrees, upon receiving a conformed copy of this Stipulation to Informal Disposition, to immediately return his wallet license card and wall license certificate, (if they exist), to:

Compliance Officer
Medical Quality Assurance Commission
Department of Health
P. O. Box 47866
Olympia, WA 98504-7866

3.3 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. SANCTION SCHEDULES INAPPLICABLE

4.1 WAC 246-16-800 applies to sanctions imposed for unprofessional conduct by a license holder as defined in RCW 18.130.180, but not to action taken under RCW 18.130.170 such as this.

5. RESPONDENT'S ACCEPTANCE

I, ROBERT K. THOMPSON, JR., MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and

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agree to all of it; and that it may be presented to the Commission without my appearance. The Power of Attorney lodged in the undersigned co-signor is attached. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.


ROBERT K. THOMPSON, JR., MD
RESPONDENT

1/18/11
DATE


REBECCA THOMPSON
HOLDING POWER OF ATTORNEY
FOR RESPONDENT

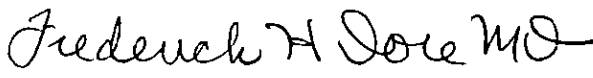
1/18/11
DATE

6. COMMISSION'S ACCEPTANCE

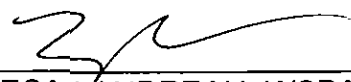
The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: January 20, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION


FREDERICK H. JORE MD
PANEL CHAIR

PRESENTED BY:


TERESA LANDREAU, WSBA #9591
DEPARTMENT OF HEALTH STAFF ATTORNEY

FILED
JAN 25 2011
Adjudicative Clerk

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

FILED
JAN 25 2011
Adjudicative Clerk

In the Matter of the License to Practice
as a Physician and Surgeon of:

ROBERT K. THOMPSON, JR., MD
License No. MD00011365

No. M2011-172

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

Respondent

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2011-152444.

1. ALLEGED FACTS

1.1 On June 30, 1970, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On January 3, 2011, the Commission received information that Respondent may be unable to practice with reasonable skill and safety by reason of a mental or physical condition.

1.3 Respondent's significantly declining cognitive capacity has been confirmed by his physician.

1.4 On January 12, 2011, Respondent indicated his intent to surrender his medical license and permanently cease the practice of medicine.

1.5 The undersigned who holds power of attorney for Respondent, has concurred with Respondent's intent to voluntarily surrender his medical license on a permanent basis.

2. SUMMARY OF EVIDENCE

2.1 Investigative Service Unit Memoranda to file dated January 10 and January 11, 2011 with attachments.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would support that Respondent is unable to practice medicine with reasonable skill and safety to consumers by reason of a mental or physical condition as addressed by RCW 18.130.170(1) which provides:

RCW 18.130.170(1) If the disciplining authority believes a license holder may be unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition, . . . a statement of charges in the name of the disciplining authority shall be served on the license holder and notice shall also be issued providing an opportunity for a hearing. The hearing shall be limited to the sole issue of the capacity of the license holder to practice with reasonable skill and safety. If the disciplining authority determines that the license holder is unable to practice with reasonable skill and safety for one of the reasons stated in this subsection, the disciplining authority shall impose such sanctions under RCW 18.130.160 as is deemed necessary to protect the public.

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Teresa Landreau, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2769 within fourteen (14) days.

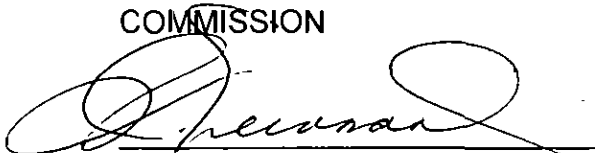
4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.


4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: January 19, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION


DANI NEWMAN
DISCIPLINARY MANAGER


TERESA LANDREAU, WSBA#9591
DEPARTMENT OF HEALTH STAFF ATTORNEY

CLOSED COMPLIANCE

29-Jul-2011

NAME	THOMPSON, Robert K.	CASE No.	2011-152444
DOB	9-Mar-1942	MEDICAL SCH-YR	U of Washington-1969
LICENSE	MD11365	SPECIALTY - BC	BC-Family Medicine
ISSUED	6/30/1970	DOCKET	M2011-172
EXPIRE	3/9/2012	RCW	172 (1) (Physical, Mental Impairment)
ORDER TYPE	Stipulation to Informal Disposition dated 1/20/11		
TERMS	Voluntary Surrender of License		

Requirement set forth below reflects only part of your Order. You are expected to adhere to all the terms in the Order

3.1	REQUIREMENTS		
	Voluntary Surrender-Respondent hereby permanently retires from the practice of medicine, and surrenders his license to practice as a physician and surgeon.		
2.2	RETURN OF LICENSE	DUE	REC
	Respondent agrees, upon receiving a conformed copy of this Stipulation to Informal Disposition, to immediately return his wallet license card and wall license certificate.	Immediately	See Notes below

Address:

Phone:

Fax:

CP:

email:

RCM: Dr. Gotthold

SA: Teresa Landreau

AAG:

Counselor: Pro Se

Address:

2-14-11-Voice mail from Rebecca Thompson; Dr. Thompson's power of attorney. She indicated that she is searching through Dr. Thompson's storage unit to locate his wall certificate. She also left a number for Dr. Thompson (see above) and her cell number (360-866-0403)

4-25-11 Received wallet sized card from Rebecca Thompson, Power of Attorney. She is still unable to locate wall certificate.

Closed compliance. File forwarded to Records Center.

Credential View Screen

ROBERT K THOMPSON JR Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail <input type="radio"/> Renewal Mail <input type="text" value="[change public address]"/> ROBERT K THOMPSON JR <input type="text" value="1 - DOH Licensee H..."/>		ID 431823 Warnings CASE PENDING ENFORCEMENT ACTION SSN/FEIN <input type="text" value="2 - DOH Licen..."/> Contact Standing Living Contact Type INDIVIDUAL Birth Date 03/09/1942 Public File YES Mailing List Legacy Licensure Name THOMPSON, ROBERT K	Contact Audit Public Cases Cont. Edu Documents Owned By/Key Mgmt Exams Experience Notes Schools Supervises SupervisedBy Legacy Librarian Application Other State License
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Comments: AC 031004 GMM*031804 RCVD \$450-DUP PMT-REFUND \$450-031804 DC 6/22/04 AC LM **F8

Physician And Surgeon License [form letter]		Credential # MD.MD.00011365 Legacy License # MD00011365 Application Date Effective Date 03/25/2010 Expiration Date 03/09/2012 First Issuance Date 06/30/1970 Last Date Of Contact CE Due Date 03/09/2012	Credential Status VOLUNTARY SURRENDER (01/26/2011) Status Reason ENFORCEMENT ACTION Amount Due \$0.00 Date Last Activity 1/26/2011 2:10:29 PM Last Updated by Singer, Michelle A Certificate Sent Date 03/31/2010	Audit Documents Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal Legacy
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Comments: AC 031004 GMM*031804 RCVD \$450-DUP PMT-REFUND \$450-031804 DC 6/22/04 AC LM **F8

Supervises	User Defined License Data	Legacy	HIPDB		
[update]					
Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
HOWARD LAWRENCE HULL	PA.PA.10000537	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE
PAUL D TAYLOR	PA.PA.10004763	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE

Case View Screen

Case	2011-152444 (PUBLIC)	Date Created	01/03/2011	Audit
Status	Case Disposition	Date Received	01/03/2011	
Respondent ID	431823	How Received	Phone	
Respondent	ROBERT K THOMPSON JR	Receiving Board	COMMISSION	
Credential	MD.MD.00011365	Receiving Profession	Physician And Surgeon License	
	ROBERT K THOMPSON JR	Receiving Department	Case Intake	
		Received By	Cynthia R Hamilton	
Complainant ID	874779	Alleged Issues	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder	
Complainant	Washington Physicians Health Program	Case Nature	Mental Health, Physical Health, Investigative Exams, Request for Declaratory Order	
Comments:				

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

Priority History

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Jan 10 2011 10:15AM	A Priority	Other...	Medical Commission	01/05/2011	Impairment...	NO	Creighton, Vi

Other Participants**Contacts Affiliated with Other**

Staff Attorney: Teresa Landreau

Resolution

Department: Case Management
 Worker: Angela M Bucci
 Date Closed:

Found Issues
 Pending
 Resolution
 Referred to Master Case

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case I
No HIPDB Reports found for this credential.				

Time Tracker**Charge Back Totals**

Department Hours Amount

Cost Recovery Totals

Department Hours Amount

Cost Recovery Invoicing

Respondent InvoiceDate User

Action Items

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Forward for Case Manager Review	Case Management, Bucci, Angela M		[add]		01/13/2011	01/13/2011		01/24/2011
Invest Complete	Case Status: Status Changed To: Case Disposition							
Open Master Case	Paralegal, Bradley, Carolynn				01/05/2011	01/05/2011		01/18/2011
Forward for Legal Review	Staff Attorney, Landreau, Teresa		[add]		01/11/2011	01/18/2011		01/18/2011
Legal Memo to File	Staff Attorney, Landreau, Teresa		[add]		01/18/2011	01/18/2011		01/18/2011
Target: ROBERT K THOMPSON JR, MD.MD.00011365								
Comments: Per RCM's direction & Mike Farrell okay, this case which was approved 1-5-11 as a Priority A summary suspension will instead attempt a STID voluntary surrender for presentation ASAP. Anticipate R's representative will bring in copy of Power of Attorney, and hopefully can accept service of SOA & STID to obtain R's signature's along with hers for presentation at next opportunity. Copy of preliminary file to Carolyn's inbox.								

Board/Commission Case Management, Bucci, Angela M
Review

01/13/2011 01/13/2011

01/13/2011

Target: ROBERT K THOMPSON JR, MD.MD.00011365

Action Info: Reviewing
Board/Commission Gotthold William
Member 1

Assign Staff Attorney Staff Attorney, Landreau, Teresa [add] 01/11/2011 01/11/2011 01/11/2011

Comments: Pre-assign Teresa to work with Tim during investigation.

Assign Investigator Investigation, Slavin, Tim [add] 01/10/2011 01/10/2011 01/10/2011

Target: ROBERT K THOMPSON JR, MD.MD.00011365

Action Info: Priority Set and Entered? Yes

Investigative Correspondence - General Investigation, Creighton, Vicki I [add] 01/10/2011 01/10/2011 01/10/2011

Target: ROBERT K THOMPSON JR, MD.MD.00011365

Comments: 1-10-11 Notification letter mailed

Forward for Investigation Investigation Supervisor, Smith, James H 01/05/2011 01/05/2011 01/05/2011

Target: ROBERT K THOMPSON JR, MD.MD.00011365

Case Status: Status Changed To: Investigation

Present for Assessment Case Management, Hamilton, Cynthia R 01/03/2011 01/05/2011 01/03/2011

Target: ROBERT K THOMPSON JR, MD.MD.00011365

Case Status: Status Changed To: Assessment

Action Info: Decision Date 01/05/2011
CMT Decision Maker 1 Brantner Richard
CMT Decision Maker 2 Cullen Bruce
CMT Decision Maker 3 Tobin Judy
CMT Decision Maker 4 Elders Theresa
CMT Decision Maker 5 Farrell Michael
CMT Decision Maker 6 Smith Jim
CMT Decision Maker 7 Heye George
CMT Decision Maker 8 Newman Dani

Intake Case Intake, Hamilton, Cynthia R 01/03/2011 01/03/2011 01/03/2011

Target: ROBERT K THOMPSON JR

Warning: Warning Type: CASE PENDING
Warning Effective Date: 01/03/2011
Suppress License Print: NO

Case Status: Status Changed To: Intake

Action Info: Complaint Source Impaired Provider Program
Possible Imminent Danger? No
Single Complaint Process Coordination Needed? No

Attach Date: 01/18/2011



Update

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

ROBERT K. THOMPSON, JR
License No. MD00011365

Respondent.

No. M2011-172

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1.3 Respondent's significantly declining cognitive capacity has been confirmed by his physician.

1.4 On January 12, 2011, Respondent Indicated his intent to surrender his medical license and permanently cease the practice of medicine.

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Compliance Officer
Medical Quality Assurance Commission
Department of Health
P. O. Box 47866
Olympia, WA 98504-7866

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5. RESPONDENT'S ACCEPTANCE

I, ROBERT K. THOMPSON, JR., MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and

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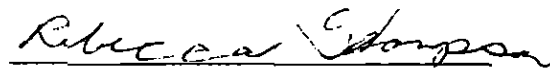
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agree to all of it; and that it may be presented to the Commission without my appearance. The Power of Attorney lodged in the undersigned co-signor is attached. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.


ROBERT K. THOMPSON, JR., MD
RESPONDENT

1/18/11
DATE


REBECCA THOMPSON
HOLDING POWER OF ATTORNEY
FOR RESPONDENT

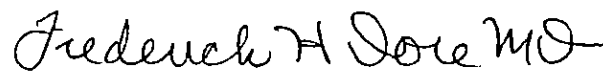
1/18/11
DATE

6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: January 20, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION


FREDERICK H. DORE MD
PANEL CHAIR

PRESENTED BY:


TERESA LANDREAU, WSBA #9591
DEPARTMENT OF HEALTH STAFF ATTORNEY



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

RECEIVED

JAN 31 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

January 26, 2011

Robert K. Thompson, Jr., MD

1 - DOH Licensee Health Professional home addre...

RE: Master Case No. M2011-172


Dear Dr. Thompson:

Enclosed please find Declaration of Service by Mail and Stipulation to Informal Disposition dated January 20, 2011.

Any questions regarding the terms and conditions of the Stipulation to Informal Disposition should be directed to Dani Newman, Disciplinary Manager at (360) 236-2764.

Sincerely,

Michelle Singer
Adjudicative Clerk
Adjudicative Service Unit
PO Box 47879
Olympia, WA 98504-7879

cc: Dani Newman, Disciplinary Manager 
Teresa Landreau, Legal Unit

Enclosure

DECLARATION OF SERVICE BY MAIL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT**

In the Matter of:

ROBERT K. THOMPSON, JR., MD,
Credential No. MD00011365

Respondent.

)
) Master Case No. M2011-172
)
) DECLARATION OF SERVICE
) BY MAIL
)
)

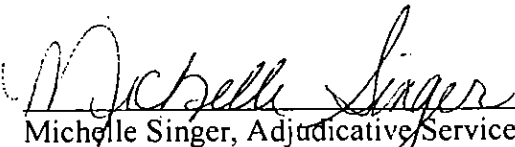
I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On January 26, 2011, I served a true and correct copy of the Stipulation to Informal Disposition, signed by the Panel Chair on January 20, 2011, by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

Robert K. Thompson, Jr., MD

1 - DOH Licensee Health Professional home ad...

DATED: This 26th day of January, 2011.


Michelle Singer, Adjudicative Service Unit
Adjudicative Clerk

cc: Dani Newman, Disciplinary Manager
Teresa Landreau, Legal Unit

DECLARATION OF SERVICE BY MAIL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

ROBERT K. THOMPSON, JR
License No. MD00011365

Respondent.

No. M2011-172

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging as described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On June 30, 1970, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On January 3, 2011, the Commission received information that Respondent may be unable to practice with reasonable skill and safety by reason of a mental or physical condition.

1.3 Respondent's significantly declining cognitive capacity has been confirmed by his physician.

1.4 On January 12, 2011, Respondent indicated his intent to surrender his medical license and permanently cease the practice of medicine.

1.5 The undersigned who holds power of attorney for Respondent, has concurred with Respondent's intent to voluntarily surrender his medical license on a permanent basis.

2: STIPULATION

2.1 The Commission has jurisdiction over Respondent and over the subject matter pursuant to RCW 18.130.170(1).

2.2 The Commission alleges that Respondent is unable to practice with reasonable skill and safety to consumers by reason of a mental or physical condition.

2.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation) pursuant to RCW 18.130.172(1).

2.4 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.5 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.6 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

2.7 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.8 The Commission agrees to forego further proceedings concerning the allegations.

2.9 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.10 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the Imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Voluntary Surrender.** Respondent hereby permanently retires from the practice of medicine, and surrenders his license to practice as a physician and surgeon. Respondent agrees never to resume any practice of medicine, including temporary,

emergency, and volunteer practice in the state of Washington. Respondent agrees never to seek reinstatement of his license, nor submit an application for a license to practice medicine.

3.2 **Return of License:** Respondent agrees, upon receiving a conformed copy of this Stipulation to Informal Disposition, to immediately return his wallet license card and wall license certificate, (if they exist), to:

Compliance Officer
Medical Quality Assurance Commission
Department of Health
P. O. Box 47866
Olympia, WA 98504-7866

3.3 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. SANCTION SCHEDULES INAPPLICABLE

4.1 WAC 246-16-800 applies to sanctions imposed for unprofessional conduct by a license holder as defined in RCW 18.130.180, but not to action taken under RCW 18.130.170 such as this.

5. RESPONDENT'S ACCEPTANCE

I, ROBERT K. THOMPSON, JR., MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and


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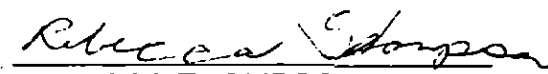
//

agree to all of it; and that it may be presented to the Commission without my appearance. The Power of Attorney lodged in the undersigned co-signor is attached. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.


ROBERT K. THOMPSON, JR., MD
RESPONDENT

DATE

1/18/11


REBECCA THOMPSON
HOLDING POWER OF ATTORNEY
FOR RESPONDENT

DATE

1/18/11

6. COMMISSION'S ACCEPTANCE

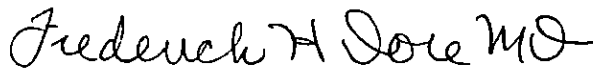
The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED:

January 20


, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:


TERESA LANDREAU, WSBA #9591
DEPARTMENT OF HEALTH STAFF ATTORNEY

Washington State Department of Health

By the authority of RCW 18.71 this person

ROBERT K THOMPSON JR

is granted a

Physician And Surgeon License
Washington State Department of Health

Status

ACTIVE

Effective Date

03/25/2010

Initial Issuance

06/30/1970

Credential Number

MD 00011365

Expiration Date

03/09/2012



Secretary

ROBERT K THOMPSON JR
PO Box 12782
Olympia, WA 98508-2782

RECEIVED

APR 25 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

February 1, 2011

Robert K. Thompson, MD

1 - DOH Licensee Health Professional home address a...

Re: Stipulation to Informal Disposition dated 1/20/11
Case # 2010-152444
Master # M2011-172

Dear Dr. Thompson:

This letter acknowledges that the requirements set forth in the Stipulation to Informal Disposition signed January 20, 2011 will be monitored by your Compliance Officer Mike Kramer. You are expected to adhere to all the terms and conditions of the Stipulation and ensure that all items are received in a timely manner to avoid non compliance action

Your wallet license card has been received by the department. Please also return your wall license certificate to the address listed below. If you are no longer in possession of the certificate please inform this office.

If you have any questions regarding your Stipulation, please contact Mike Kramer, Compliance Officer, at 360.236.2781, or mail your correspondence to Department of Health, Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866.

If the above address is not the address at which you wish to receive correspondence regarding compliance of disciplinary conditions, please notify staff as soon as possible. Also, please provide a telephone number that can be used to contact you. All changes shall remain confidential specifically to this case and for no other purpose unless otherwise advised in writing.

Sincerely,

Mike Kramer

Mike Kramer
Compliance Officer

Enc: Address Change Form

cc: Teresa Landreau, Staff Attorney MQAC

*Mike -
Still hasn't found
his wall license cert,
but did find this
wallet s.c.*

*Rebecca Thompson,
POA Robert K
Thompson MD*

6

Form 2-100 3/9/11



MEDICAL QUALITY ASSURANCE COMMISSION
AFFIDAVIT OF CURRENT ADDRESS

RECEIVED
MAR 11 2011
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

I, Robert K Thompson, M.D., hereby state that my current **HOME** address is:

1 - DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)

and my current **WORK** address is:

N/A

I prefer all correspondence be sent to my home address.

The phone number where I can be contacted is 1 - DOH Licensee Health Professional home address and/or phon...

I currently hold privileges at the following hospitals and/or health care facilities:

N/A

Medical School: U of Washington Graduation Year: 1969

Signature: [Signature] Date: 3/9/11

Note: This document is solely for the purpose of Compliance Requirements unless otherwise advised in writing.

addafid.doc



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

February 1, 2011

Robert K. Thompson, MD

1 - DOH Licensee Health Profes...

Re: Stipulation to Informal Disposition dated 1/20/11
Case # 2010-152444
Master # M2011-172

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Sincerely,

Mike Kramer

Mike Kramer
Compliance Officer

Enc: Address Change Form

cc: Teresa Landreau, Staff Attorney MQAC





**MEDICAL QUALITY ASSURANCE COMMISSION
AFFIDAVIT OF CURRENT ADDRESS**

I, _____ hereby state that my current **HOME** address is:

and my current **WORK** address is:

I prefer all correspondence be sent to my _____ address.

The phone number where I can be contacted is _____.

I currently hold privileges at the following hospitals and/or health care facilities:

Medical School: _____ Graduation Year: _____

Signature: _____ Date: _____

Note: This document is solely for the purpose of Compliance Requirements unless otherwise advised in writing.

addaffid.doc

MQAC FINAL ORDER CHECK LIST

Revised 13-Jul-2010

Respondent (Last, First) Thompson Robert		Address: Local/ASL <small>1 - DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)</small>		Served Date 1-26-11
Respondent's Counsel: PRO SE		Address: —		Served Date —
AAG: —	Staff Attorney: Teresa Landreau	RCM: D.R. Gotthold	Served Date 1-26-11	
Order Type	Stipulation to Informal Disposition			RCW-UDA
Legacy Case No. New ILRS#	2011-152444			170(1)
Date of Order	1-20-11	ILRS Master# /Docket#	M 2011-172	
License No.	11365	Med. School / Year	U of Washington-1969	
Expires Date	3-9-12	DOB	3-9-42	
1	FSMB - TEXAS=s\disc\stats.xls	YES=sumsusp & ExParte, SOC, AO, FO, SOA STID, SRL, NOD		CO 1-31-11
2	AIM - Boston=SUMM-SUSP s\disc\stats.xls	YES=immediate emergency action taken: Barbara Neuman w/AIM aim.docfinder@verizon.net		CO /
3	WPHP s\disc\co\stats.active list.xls	S.Alberti, 720 Olive Way Suite 1010 98101-206.583.0127 (unredacted AO/ FO= Fax or mail No-email 1/9/08)		CO /
4	Complainant Letter	Letter Only: YES =soc, ao, fo, stid NO=soa, ME, ac,		CO /
5	CREDENTIAL or Other Parties	(ILRS lic- active prob chg-credential stats/see Dani) MD-app, holder other license		CO /
6	S\disc\stats.xls STATS Disp OPEN	OPEN DISP=SOC, SOA, ACTIVE, WPHP, CPEP, REVOKED enter Close Disp, BevData Active		CO 2-1-11
7	S\disc\stats.xls STATS Disp CLOSE	CLOSE DISP= Revoked, Sum-Susp, CAS list, AdmCio, BevData Close		CO 2-1-11
8	S\ disc\CASlist.xls	Comp Appear Schedule Semi/Annual/Quarterly		CO /
9	S\ dis\CPR.xls	Add to OPEN CPR request list		CO /
10	S\ NOD List.xls	Add to NOD List.stats.xls & PDF to s\mqac\archive\NOD		CO /
11	S\ disc.doc INITIAL letter: s, no-s	Incl: Address Chg #1-Cost Recovery (STID) Form see new ltr. # 2-Medical Disc Fine (AO-FO)		CO 2-1-11
12	S\ disc.doc INITIAL RX Ltr w/ RX log	note-abbreviated quarterly letters thereafter		CO /
13	S\ disc\stats\rxlist.xls	Add to Open List and Release date		CO /
14	S\disc\stats\CRS.xls	CRS (ALL compliance requirement summary)		CO 2-1-11
15	ILRS Intergrated Licensing Regulatory System	ILRS-enter SANCTIONS		CO 2-1-11
16	ASU \STID Release=SRL	MQAC serve & cc ASU for Provider Search		CO /
17	ICL None to ASU	Prgm ICL serve: Resp, Counsel, SA, RCM, file =NO to ASU		CO /
18	ADMIN Closure No service	In house no service		CO /
19	COLLECTIONS Ltr P262.5B	add collection List, send to collection agent & copies to DOH Revenue, fCarcia-mgr		CO /
20	Release/Closure PDF all Orders	save into s\archive\pdf orders\ (Prov Credential Search redact must PDF) incl NOD		CO /

		USE THE FOLLOWING FORMS, AS APPLICABLE		
4	Complainant Letter	we have a generic letter		
10	Initial Letter	we have a generic letter, include \$ slip		
10	\$ Letter	(2) type STID, Agreed Order or Final Order (include the revenue slip)		
	\$Letter - thank you	money received SEE Payment ltr.folder for drafts		
	Initial RX letter	we have a generic letter (shall include disk, rx books, rx log sheet)		
11	Rx letter thereafter	we have a generic letter (include rx books, disk)		
	Quarterly Dec Report	we have a generic letter (2-type) Quarterly Declaration Report		
	CME letter	we have generic letter (pre-approval, approval & pending Certificate)		
	Chaperone Letter	pre-approved & approved Dr. Heye		
	Evaluator	pre-approved & approved by Comm. or Dr. Heye, RCM		
1 10	NOD	Notice of Decision-Application (yes, report to FSMB)		
15	STID Release Letters	we have a generic form (PFR-must be approved by MC, SA, RCM) final signature by Disciplinary Manager. Original Letter stays with Admin file. Provide copy to ASU for provider look-up & report to FSMB.		
17	Admin Closure	generic form - (deceased, 2nd file revoked, license expires)		
13	CRS	Compliance Requirement Summary		
6	SOA	SOA is not posted on provider lookup until accompanied by STID.		
13	CRS	Compliance Requirement Summary		
9	CPR	Compliance Practice Review		
2	AIM- SUMMARY SUSP	Administration In Medicine attn Barbara Neuman (MUST REPORT)		
FYI	Provider Credential Search	SOC, AO, FO are posted (PL) 24 hours after service by ASU. New - (PDU have (5) days after receipt of Order by ASU to post on PL 10/04.		
na	DEA	Use to Report to DEA - Edie or Kari Hemp-Investigator		
na	DSHS-MAA	effective 5/05- Due to Agency agreement we must now provide un-redact copies of the Orders to MAA. Andi Hanson.360.757.1617		
FYI	HIPDB / NPDB	Healthcare Integrity & Protection Data Bank, National Practitioner Data Bank NPDB		
18	Collection	Referral to Collections (Procedure 262.5B)		

Redaction Summary (18 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" (16 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)

Redacted pages:

- Page 3, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 4 instances
- Page 3, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 4, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 5, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 14, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 2 instances
- Page 15, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 15, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 22, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 23, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 30, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 31, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 2 instances
- Page 32, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 34, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance